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Signature

Date

Printed name

Frank Weyer

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Approved for use through 03/31/2007. OMB 0651-0031 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application Number 09/616714 Filing Date TRANSMITTAL July 14, 2000 First Named Inventor **FORM** Mohan Ananda Art Unit 3625 **Examiner Name** Mathew Gart (to be used for all correspondence after initial filing) Attorney Docket Number 81045.944 Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication to TC Fee Transmittal Form Drawing(s) Appeal Communication to Board Licensing-related Papers Fee Attached of Appeals and Interferences Appeal Communication to TC Petition (Appeal Notice, Brief, Reply Brief) Amendment/Reply Petition to Convert to a Proprietary Information After Final Provisional Application Power of Attorney, Revocation Status Letter Affidavits/declaration(s) Change of Correspondence Address Other Enclosure(s) (please Identify Terminal Disclaimer Extension of Time Request below): Postcard; Certification of Mailing by Express Request for Refund **Express Abandonment Request** Mail No. EL 668340454US CD, Number of CD(s) Information Disclosure Statement Landscape Table on CD Certified Copy of Priority Remarks Document(s) Applicant hereby Request One Month Extension of Time; Check for the Amount of \$ 120.00 for Payment of One Month Extension of Time; Certificate of Mailing by Express Mail No. EL Reply to Missing Parts/ Incomplete Application 668340454US and Return Receipt Postcard Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name

CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: Signature CERTIFICATE OF MAILING BY EXPRESS MAIL NO. EL 668340454US Typed or printed name Date

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33,050

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PTO/SB/17 (07-06)

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Effective on 12/08/2004.			Complete if Known				
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			Application Num	ber 09/6167	09/616714		
FEE TRANSMITTAL			Filing Date	July 14,	July 14, 2000		
For FY 2006			First Named Inve	entor Mohan A	Mohan Ananda		
Applicant claims small entity status. See 37 CFR 1.27			Examiner Name	Matthew	Matthew Gart		
		07 CFR 1.27	Art Unit	3625	3625		
TOTAL AMOUNT OF PAYMENT (\$) 120.00		120.00	Attorney Docket	No. 81045.9	81045.944		
METHOD OF PAYMENT (check all that apply)							
Check Credit Card Money Order None Other (please identify):							
Deposit Account Deposit Account Number: 08-1520 Deposit Account Name:							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee							
Charge any additional fee(s) or underpayments of fee(s)							
under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card							
information and authorization on PTO-2038.							
FEE CALCULATION							
BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES							
	Small Entity	Small Entity Small					
Application Type Fee (_ :	_	<u>Fee (\$)</u>	Fee (\$) Fe	<u>e (\$)</u>	Fees Paid (\$)	
Utility 300	150	500	250				
Design 200	100	100	50		65		
Plant 200	100	300	150		80 —		
Reissue 300	150	500	250	-	00 —		
Provisional 200	100	. 0	0	0	0		
2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$) Fee (\$)							
Each claim over 20 (including Reissues) 50 25							
Each independent claim over 3 (including Reissues)						100	
Multiple dependent claims Total Claims Extra	a Paid (\$\	B.		180 ent Claims			
- 20 or HP =	<u>Claims</u> x _		e Paid (\$)	_	Multiple Dependent Claims Fee (\$) Fee Paid (\$)		
HP = highest number of total claims p	aid for, if grea	ter than 20.	D-:-1 (6)				
Indep. Claims Extra 6	Claims x	Fee (\$) Fee	<u> Paid (\$)</u>	-tim			
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer							
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50							
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 = /50 = (round up to a whole number) x =							
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): One Month Extension of Time 120.00							
SUBMITTED BY							
Registration No. (Attorney/Agent) 33,050 Telephone)-286-0377	
Name (Print/Type) Frank Weyer				-,	Date 11/6/2006		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.